

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL034003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/10/2016
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NAME OF PROVIDER OR SUPPLIER

VERRA SPRINGS AT HERITAGE WOODS

STREET ADDRESS, CITY, STATE, ZIP CODE

3812 FORESTGATES DRIVE  
WINSTON SALEM, NC 27103

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell on 5-10-2016.  Records indicate this facility was first licensed on 8-15-1988, for 29 residents. Therefore the facility must meet the 1987 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and the 1978 North Carolina State Building Code (Revision 8), Section 409-Institutional Occupancy (Group I).  Note: This facility is licensed for 29 beds which are all located on the Ground Floor, while floors 1, 2, and 3 are occupied by Independent Living beds.	C 000		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: A large medical oxygen cylinder was stored without any support in room 027.	C 166	Maintenance Supervisor and Assisted Living Director will audit all rooms to ensure all oxygen tanks are properly secured. Assisted Living Director will educate all care staff on the importance of oxygen storage and will conduct a monthly inspection to ensure that we remain in compliance with this rule consistently.	6/14/16

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

3XDW21

If continuation sheet 1 of 4

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C 185	Continued From page 1	C 185		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on a review of documents, the records available onsite included no description of what the rehearsal involved.</p> <p>2. Based on a review of documents, the facility staff has been conducting most fire drills without the use of the fire alarm system. The documents show that on all shifts staff often just meet and discuss what to do in the event of a fire. Fire drills should be spontaneous and must be conducted using the fire alarm system so the staff and residents will be trained to respond and evacuate to the sound of the fire alarm system.</p>	C 185	<p>Monthly Assisted Living fire drills will include the sounding of the fire alarm, associate involvement and assisting residents to respond. The Maintenance Supervisor will be responsible to ensure these are carried out and documented each month.</p>	6/22/15
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical,</p>	C 189		

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C 189	<p>Continued From page 2</p> <p>mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: <ul style="list-style-type: none"> <li>a. Holes in the ceiling of the sprinkler riser room,</li> <li>b. Unsealed penetration in furnace closet near AL loading dock,</li> <li>c. Water damaged ceiling in Activity storage,</li> <li>d. Holes in the ceiling of the HVAC closet off the maintenance room,</li> <li>e. Water damaged ceiling in housekeeping closet,</li> <li>f. Holes in the ceiling of the HVAC closet serving the Activities room and hallway,</li> <li>g. Damaged ceiling in the resident laundry,</li> <li>h. Holes in the ceiling of the HVAC closet off the dining room,</li> <li>i. Cover plate missing on wall outlet box in maintenance room.</li> </ul> </li> <li>Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</li> </ol>	C 189	<p>The Maintenance Supervisor will repair all holes and penetrations with the appropriate fire rated materials. Corridor door latches will be adjusted and repaired as need to ensure proper closing. Notice will be placed on laundry room door to keep door free of wedges. This will also be monitored for compliance during monthly fire drills. The Maintenance Supervisor will test and check each door when fire drills are completed.</p>	6/22/15

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C 189	Continued From page 3  Findings include: a. One leaf of the cross-corridor doors near room 001 did not latch when closed. b. One leaf of the cross-corridor doors near room 010 did not latch when closed. c. The door to the resident laundry was wedged open.	C 189		